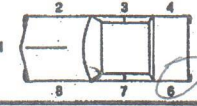
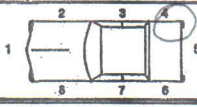


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE							
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: DAY		TIME: MILITARY	
CRASH OCCURRED ON				1879 Deerfield Rd. (Rural King Parking Lot)				WITHIN THE INTERSECTION OF				419114		SAT	
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE							
LOG-1				LOG-2				LOC JUR FH9 FILT							
A		UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		State Farm			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				Nichols, Crystal				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				507 Welch Rd. Morrow, OH 45152			
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION	
(513) 444-0801		05/01/65		48		F				OH		RR 479926		-	
OWNER (IF SAME AS DRIVER, WRITE SAME)				Same				ADDRESS				PHONE			
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE	
99		Ford				Silver		SW		OH		EUQ7883		-	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE					
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8		UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT		Nationwide			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				Stone, Diana				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				5041 Robinson Vail Franklin, OH 45005			
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION	
(513) 594-2122		10/27/56		57		F				OH		RP747163		-	
OWNER (IF SAME AS DRIVER, WRITE SAME)				Same				ADDRESS				PHONE			
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE	
03		CHEV		SW		Green		SW		OH		FSU6729		-	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE					
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES			
				ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES			
				ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES			
				ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES			
				ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL			
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL			
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL			
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL			
A		B		C		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F		ALCOHOL			
O		B		C		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F		ALCOHOL			
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		EJECTION		DRUGS	
1425		1427		1466		1453		0		7		A B C D E F		A B C D E F	
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		A B C D E F		A B C D E F		A B C D E F	
M D Y		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		S. Haller		123				A B C D E F		A B C D E F		A B C D E F	
										1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			